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Cabinet for Health and Family Services

Building a Transformed Health Workforce: Challenges and Opportunities

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Presentation Overview

- **Recap: Deloitte Health Workforce & Facility Capacity Studies**
- **Kyhealthnow, advancing our state of wellness**
- **Health Workforce Action Plan: Core Areas Overview**
- **Meeting Goals**



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Recap: Health Workforce Capacity & Strategic Planning **Deloitte Kentucky Healthcare Workforce Report (June 2013)**

Background and Understanding:

- At time of study, Kentucky had an estimated 640,000 uninsured individuals (~16% of the state's 4.4 M population).
- Study assessed that pent up demand from the uninsured may exacerbate workforce shortages that include:
 - Primary Care
 - Oral health care
 - Chronic/long-term behavioral health
- KHBE secured Deloitte to assist in a 10-week study to identify:
 - Current and future health care workforce shortage areas
 - Legislative and administrative policy changes that may be needed to increase the supply of health care providers to improve population health
 - Recommendations and strategies for recruiting, reconfiguring through leverage, and maintaining an adequate and available health care workforce

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Recap: Health Workforce Capacity & Strategic Planning **Deloitte Kentucky Healthcare Workforce Report (June 2013)**

Data Quality & Analysis: Challenges

Assumptions, which are based on licensure or combinations of sources, may or may not have yielded underestimates or overestimates:

- Some professionals may practice >1 location or county and/or may have >1 professional degree or type of license for which Individuals' clinical efforts vary
- State licensing databases record varying amounts of information, as do Medicaid and other state bureaus and agencies, and crucial estimation fields were missing on some data sets (e.g. “county of practice”, “practice address”, “FTE”, “degree type”, and “institution / date of graduation”)
- Data may not have been refreshed and validated at regular intervals which led some data sets to contain duplication or inaccurate attrition status (e.g. death, retirement, and semi-retirement)
- Sources of adequacy benchmarks are often imprecise, conflicting, and lack comprehensiveness for full workforce – great effort was taken to select and compare the most appropriate benchmarks and methodology for this analysis

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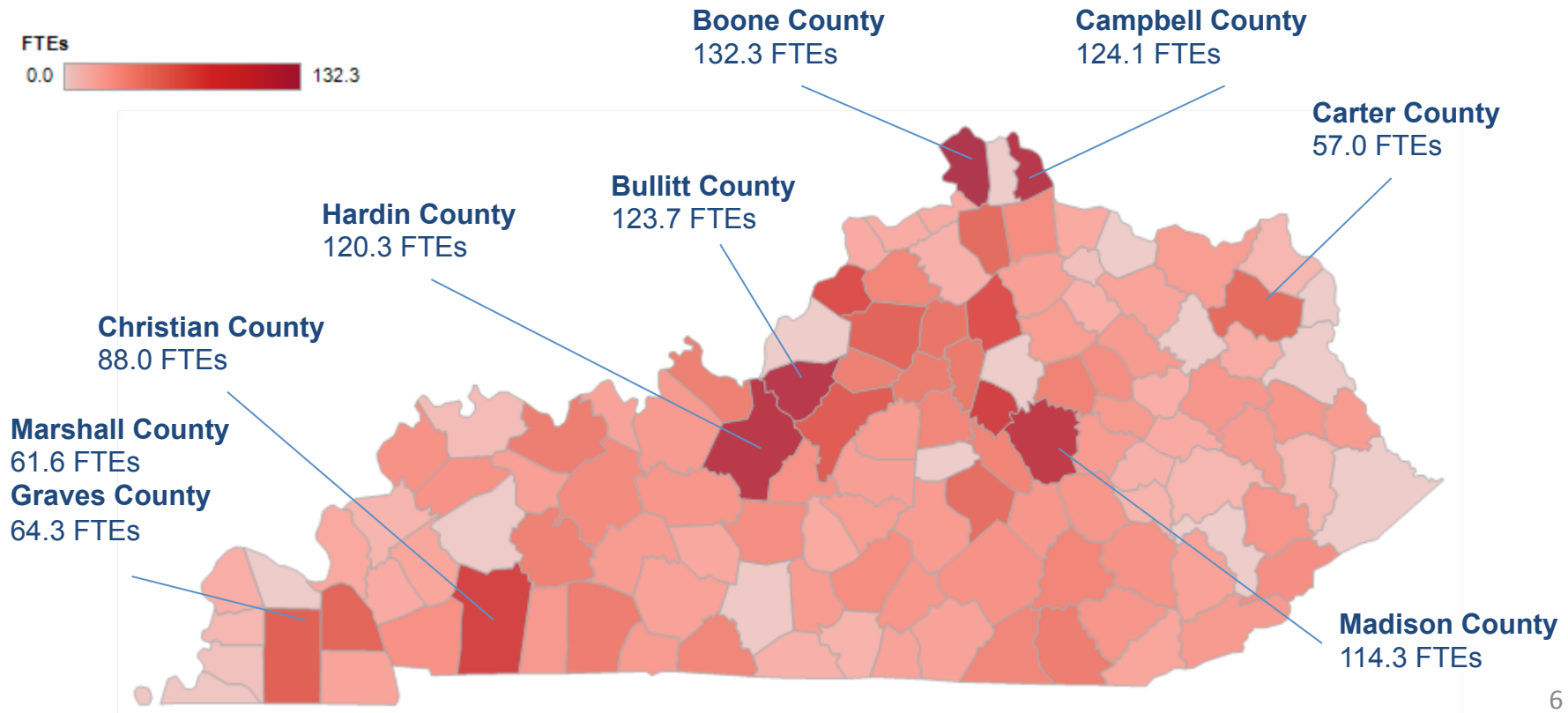
Recap: Health Workforce Capacity & Strategic Planning **Deloitte Kentucky Healthcare Workforce Report (June 2013)**

Study Findings

Overall Physician Need

- Overall physician need in 2012 across all needy counties is 3,790 FTEs. Of those FTEs, 61% are needed in rural counties. Note: specific specialties should be benchmarked at the state level and will be available in the final report.

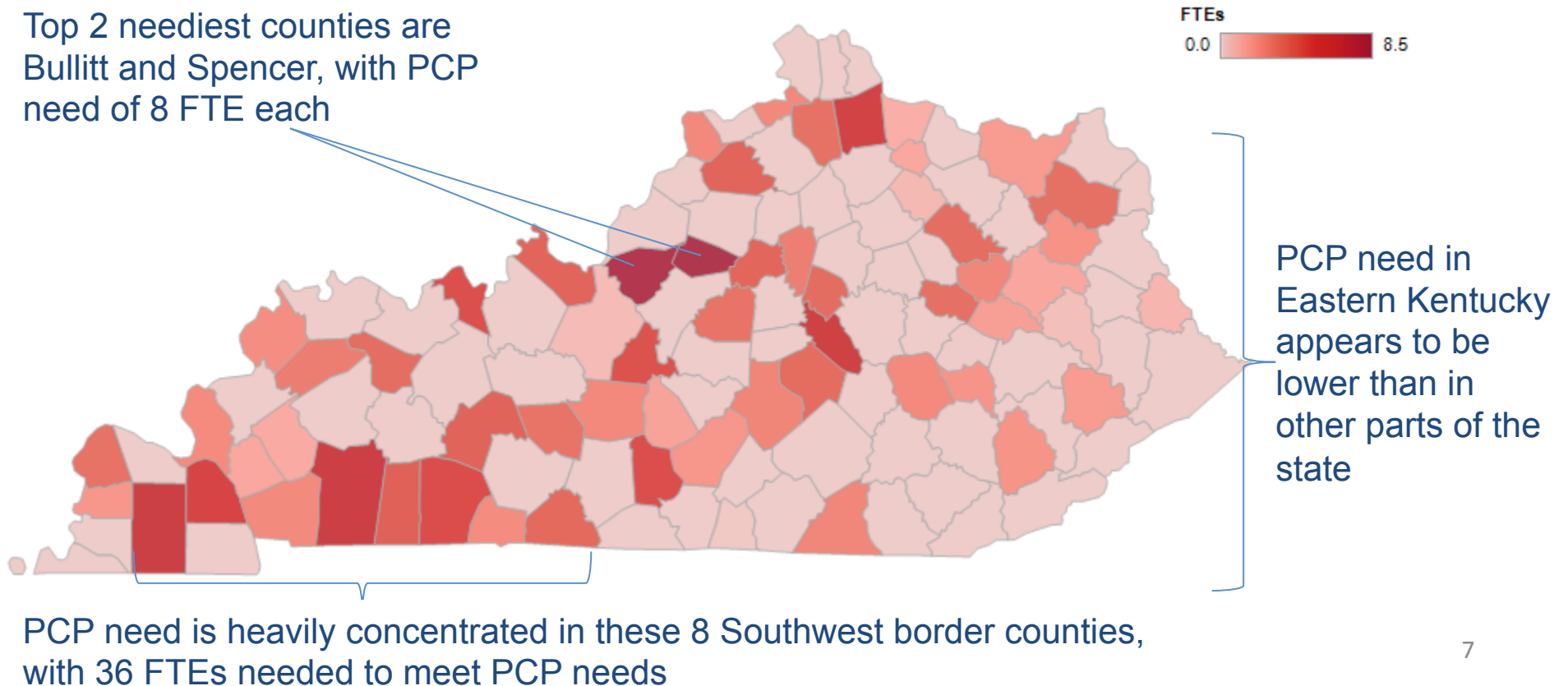
Kentucky-Wide Physician Need – 2012 (Excludes Surpluses)



PCP Need

- Across the Commonwealth, PCP need in 2012 is 183 FTEs, representing 5% of the current state-wide supply. This gap is expected to widen to 205 FTEs by 2017. Overall, PCP need is concentrated towards the western half of the state.

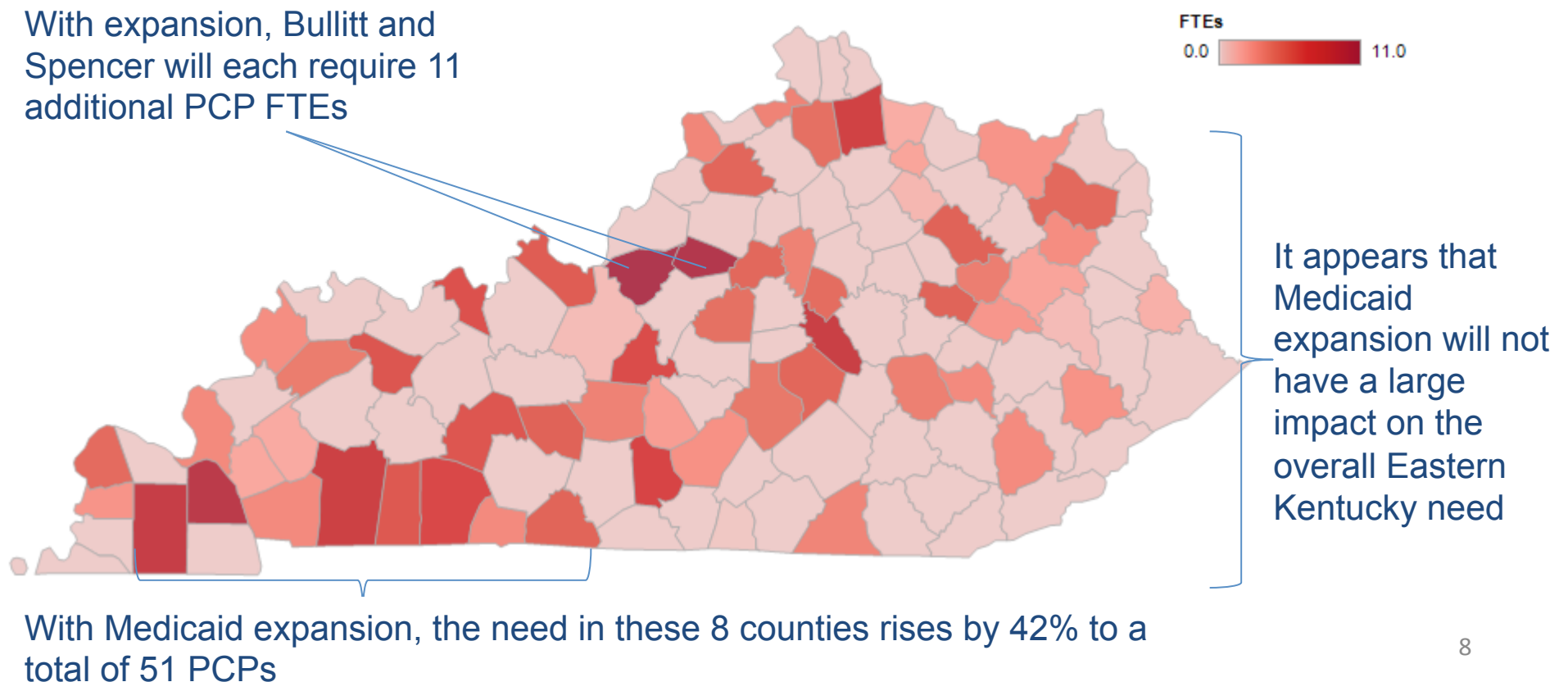
Kentucky-Wide PCP Need – 2012 (Excludes Surpluses)



PCP Need – Medicaid Expansion & HBE View

- Accounting for Medicaid expansion and the HBE, PCP need across the Commonwealth increases to 256 FTEs at the highest end of the range. This view incorporates all 640,000 currently uninsured, which includes both additional Medicaid and premium assistance. Of the 256 FTE need, 63% comes from rural counties.

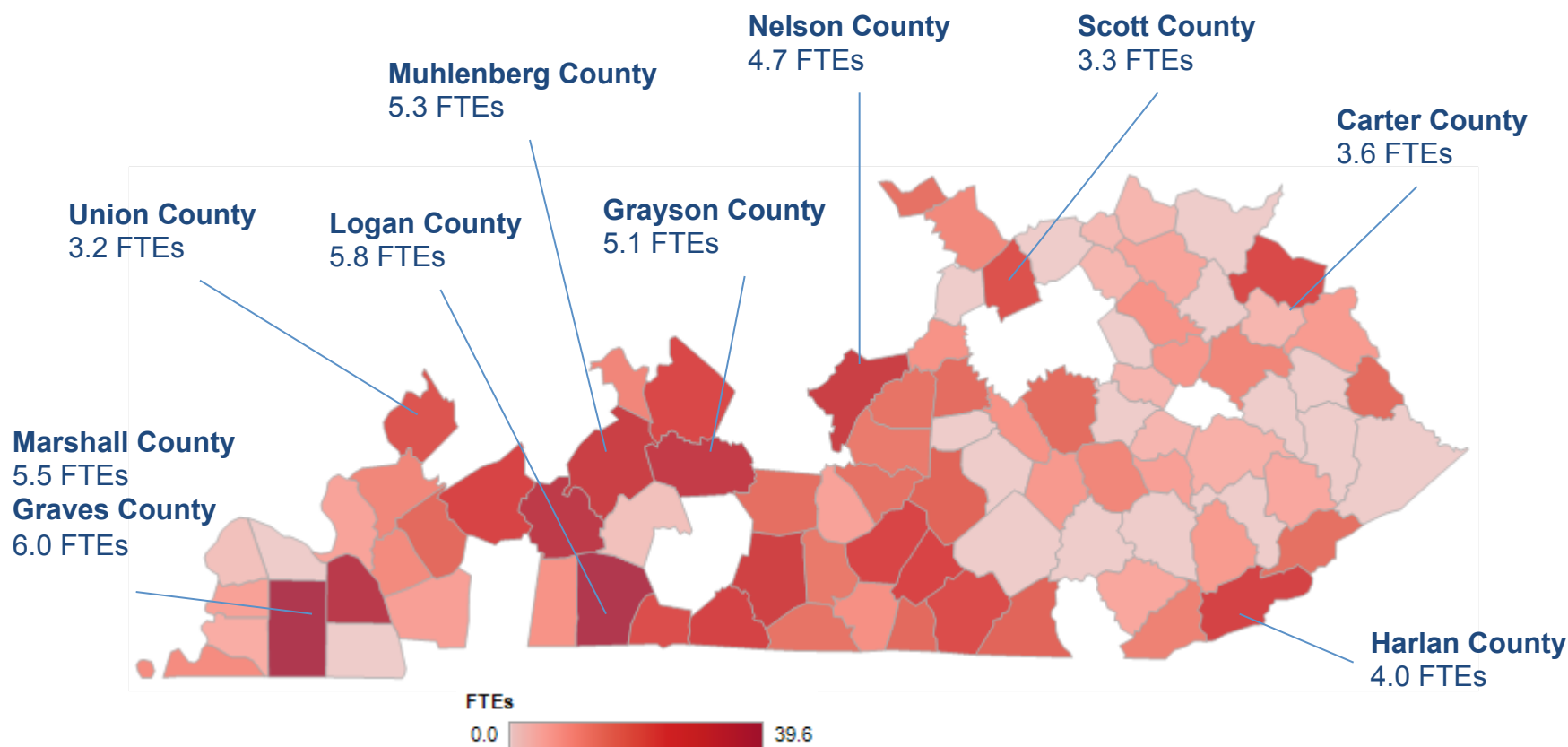
Kentucky-Wide PCP Need – 2012 (Excludes Surpluses)



Physician Assistant Need

- Overall PA need in 2012 is 296 FTEs, or 30% of current supply, which is relatively high as a percentage compared to other groups. The need is split near even between rural and urban counties. The larger concentration of needy counties is in the rural areas in the center and western parts of the Commonwealth.

Kentucky Physician Assistant Need in Rural Counties – 2012 (Excludes Surpluses)



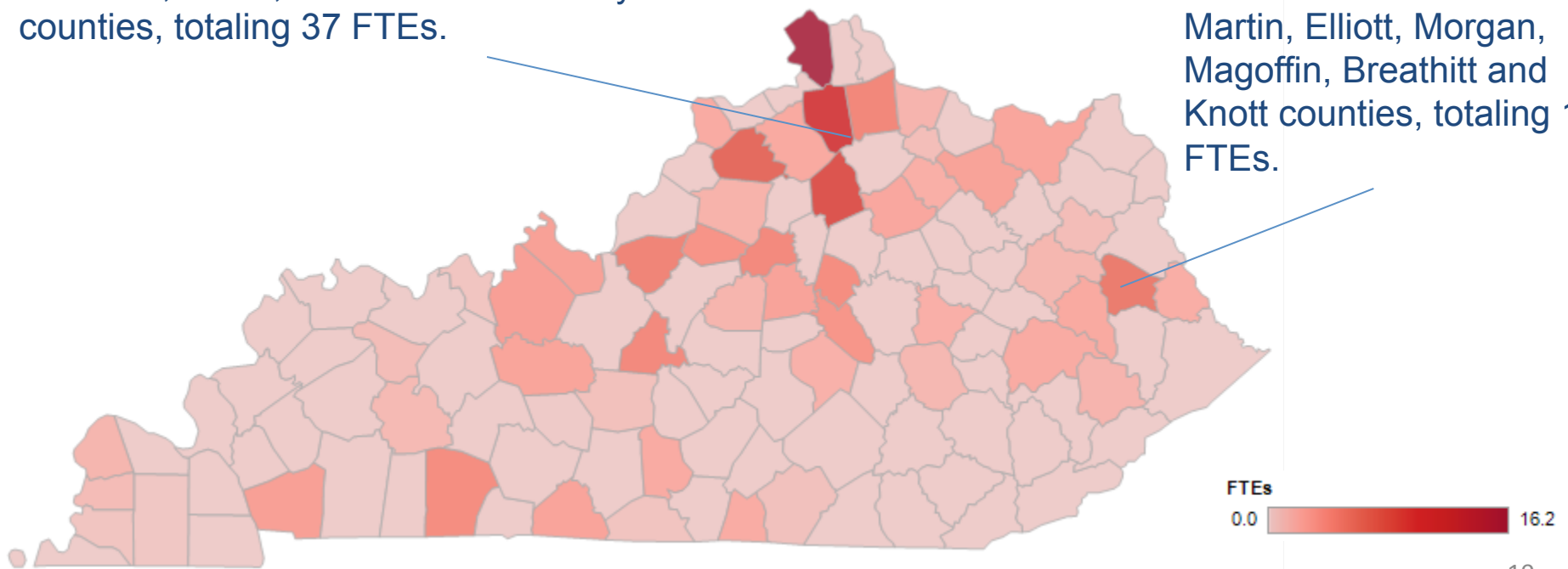
Advanced Practice Registered Nurses (APRN) Need

- Overall APRN need in 2012 is also relatively low compared to many groups, with only 148 FTEs needed across the Commonwealth, split near even between rural and urban counties. The neediest county is Boone County, with a 2012 deficit of 16.2 FTEs.

Overall Kentucky APRN Need – 2012 (Excludes Surpluses)

The largest concentration of *urban* need is in Boone, Grant, Pendleton and Henry counties, totaling 37 FTEs.

The largest concentration of rural need is in Johnson, Martin, Elliott, Morgan, Magoffin, Breathitt and Knott counties, totaling 16 FTEs.



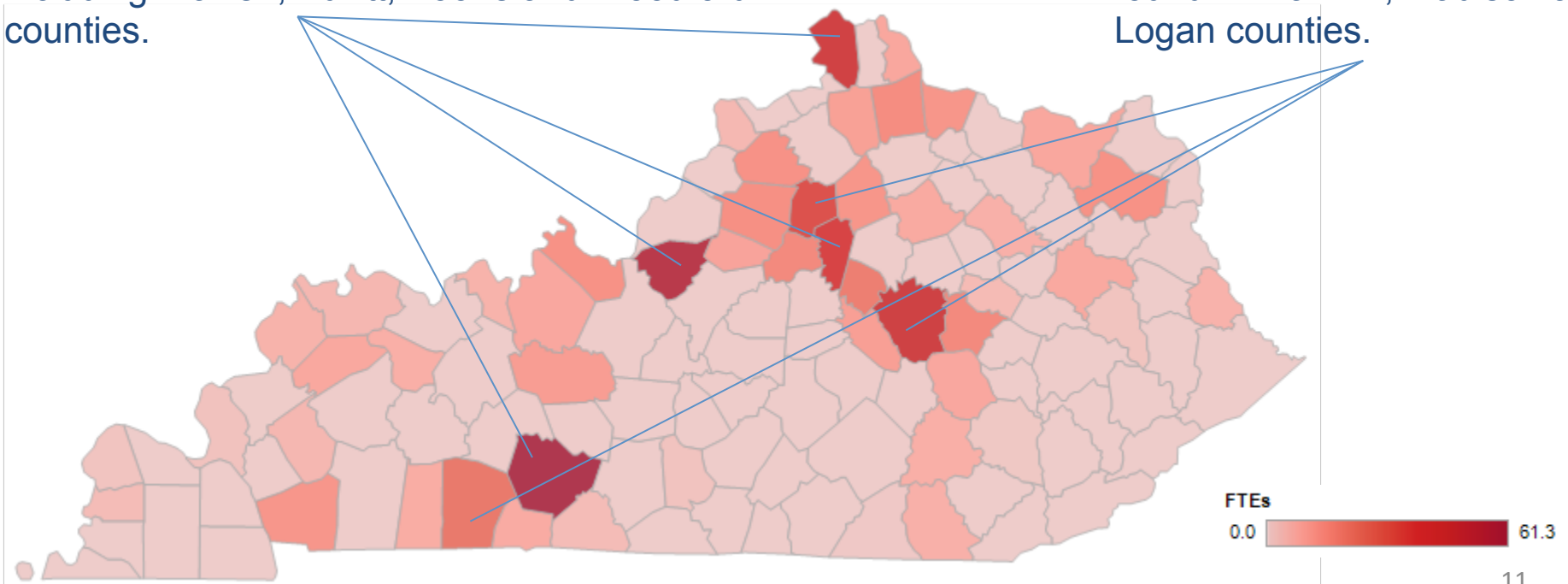
Licensed Practical Nurses (LPN) Need

- Overall LPN need in 2012 is low, at only 6% growth (688 FTEs) needed over the current workforce supply to meet demand. Rural needs are evenly spread across the state, and urban needs are concentrated around Warren, Woodford, Bullitt and Boone counties.

Overall Kentucky LPN Need – 2012 (Excludes Surpluses)

Need for additional LPNs is centered in urban areas, including Warren, Bullitt, Boone and Woodford counties.

Larger rural need can also be found in Franklin, Madison and Logan counties.



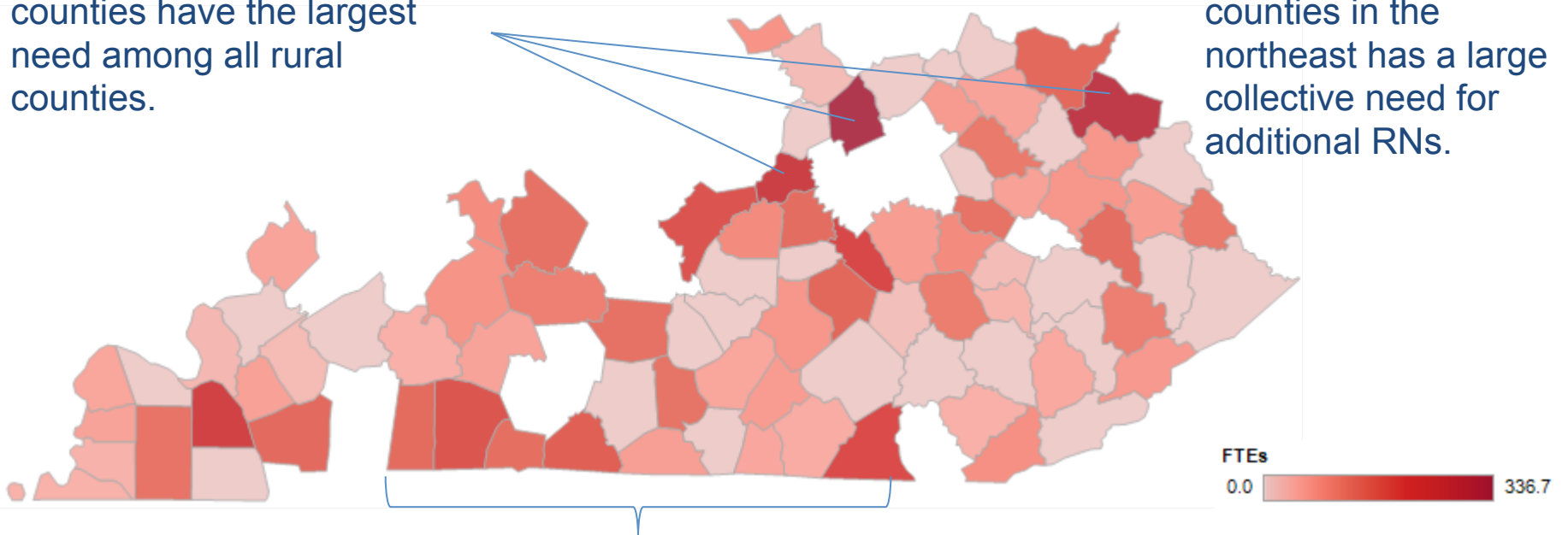
Registered Nurses (RN) Need

- The current need for additional RNs across the state is 5,635 FTEs, representing a 12% increase in the total RN workforce. The need is pronounced across the southern border and in the northeastern corner of the state.

Rural Kentucky RN Need – 2012 (Excludes Surpluses)

Scott, Carter and Anderson counties have the largest need among all rural counties.

This cluster of rural counties in the northeast has a large collective need for additional RNs.



Many contiguous rural counties across the bottom of the state show a strong need for more RNs.

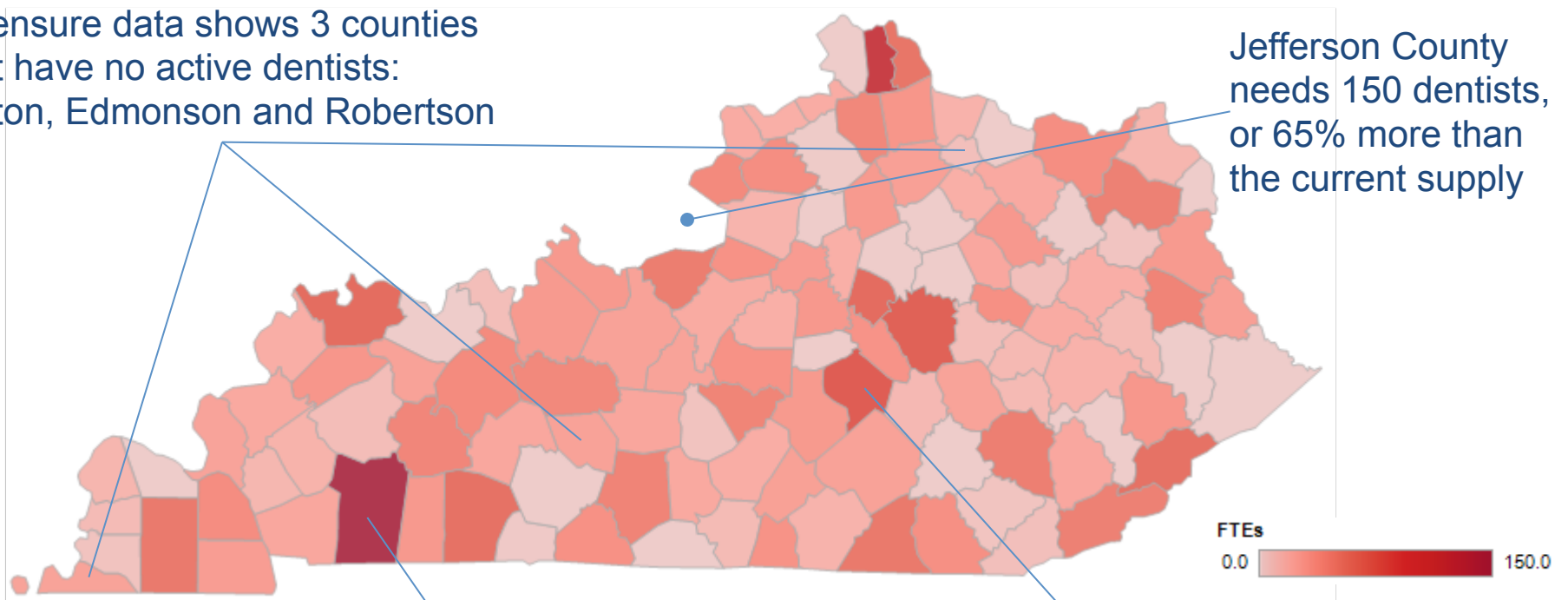
Dentist Need

- Overall Dentist need in the Commonwealth is high, with 612 additional FTEs (36%) required to meet current demand. Many counties in Kentucky need greater than 100% increases in the current dentist workforce, and 3 counties appear to have no dentists currently practicing.

Overall Kentucky DDS Need – 2012 (Jefferson County and Surpluses Excluded)

Licensure data shows 3 counties that have no active dentists:
Fulton, Edmonson and Robertson

Jefferson County needs 150 dentists, or 65% more than the current supply



Christian County needs 22 dentists, a 130% increase over current supply

Lincoln County needs 11 dentists, a 568% increase over current supply

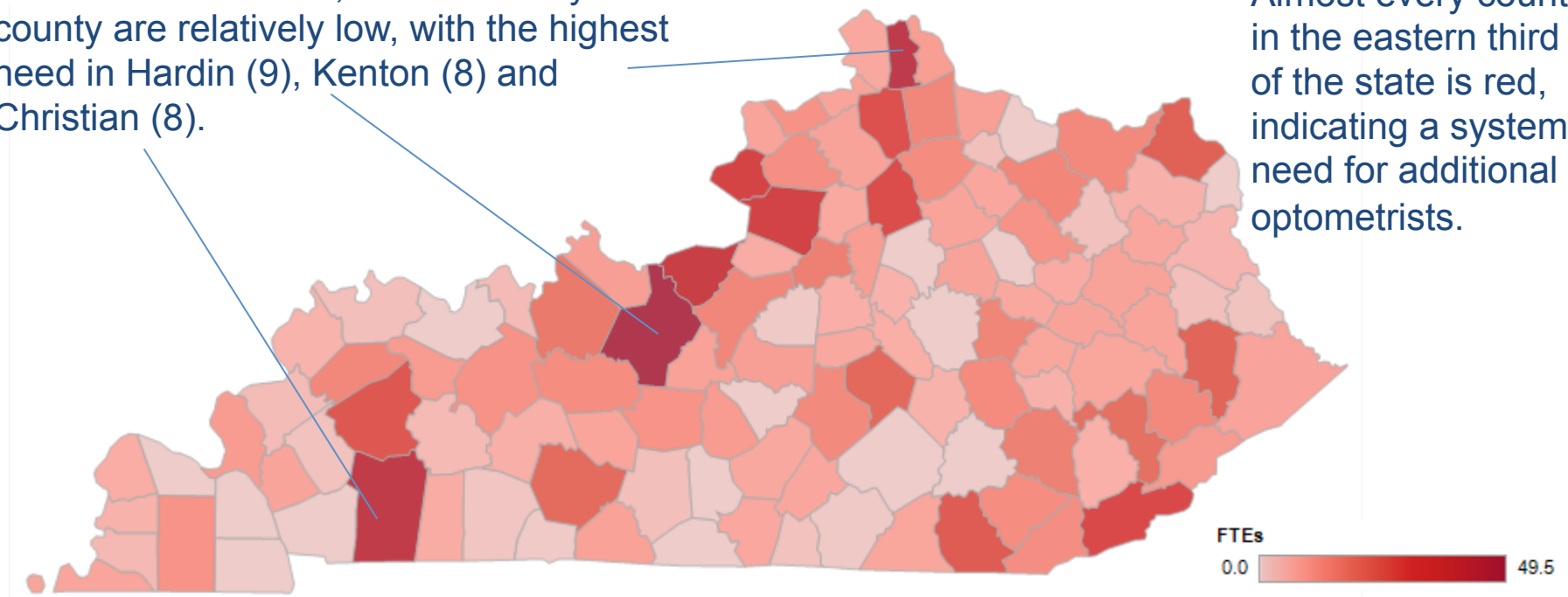
Optometrist Need

- Overall Optometrist need is high, with an additional 269 FTEs (47%) required to meet current need. Over 25% of the counties in Kentucky do not have a practicing Optometrist represented in the licensing database. Only 10% of counties have enough Optometrists to meet the current need.

Overall Kentucky Optometrist Need – 2012 (Jefferson County and Surpluses Excluded)

Aside from Jefferson, FTE needs by county are relatively low, with the highest need in Hardin (9), Kenton (8) and Christian (8).

Almost every county in the eastern third of the state is red, indicating a systemic need for additional optometrists.



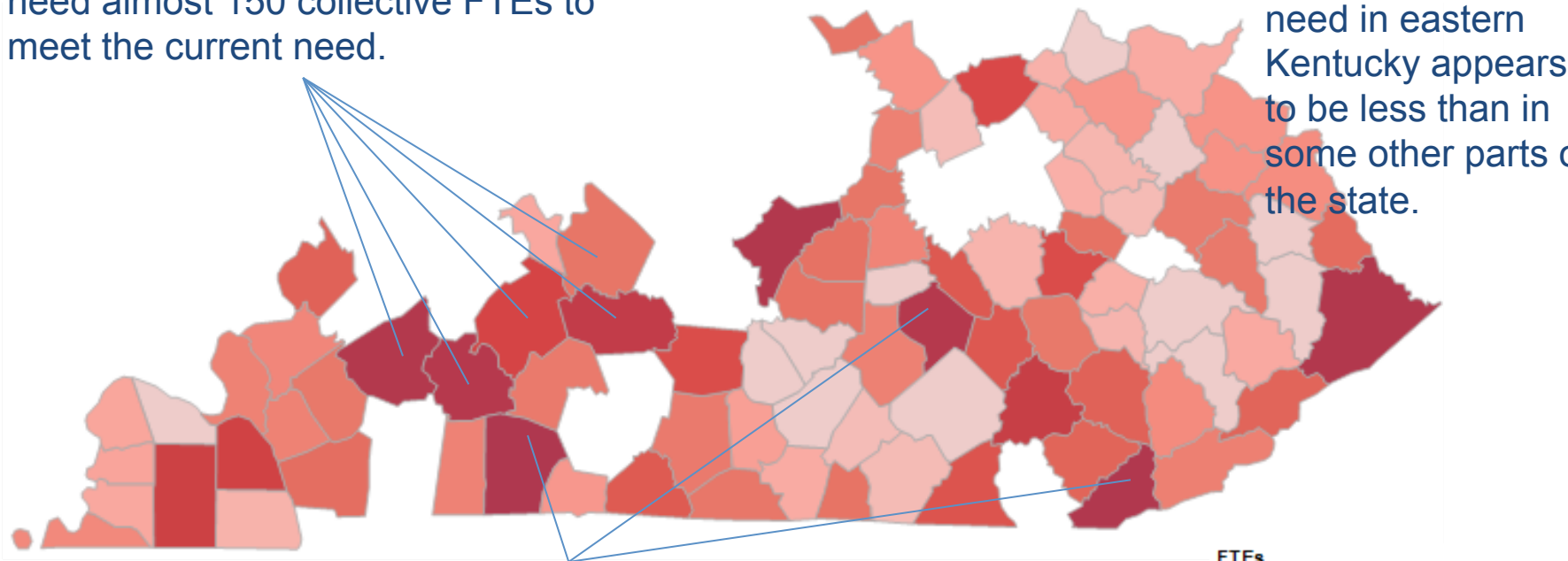
Mental Health Provider (MHP) Need

- Overall need for MHPs is 1,638 FTEs (19%) to meet current Commonwealth demand. Over 80% of the counties in Kentucky have a workforce supply gap for MHPs, with 10% of counties needing at least 25 FTEs. 70% of the current need (1,154 FTEs) is located in rural counties.

Rural Kentucky MHP Need – 2012 (Surpluses Excluded)

These 5 contiguous rural counties need almost 150 collective FTEs to meet the current need.

The volume of need in eastern Kentucky appears to be less than in some other parts of the state.



Logan, Bell and Lincoln counties need 37-39 additional FTEs each, representing a nearly 300% increase over current supply

FTEs
0.0 60.2

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Recap: Health Workforce Capacity & Strategic Planning **Deloitte Kentucky Healthcare Workforce Report (June 2013)**

Key Recommendations:

- Data Quality & Reporting
- Increase use of limited service clinics to expand access
- Support for small practices in rural/underserved areas & expanding regional rural health tracks
- Technology-driven care
- International medical graduates
- Scope of practice limitations for mid-level practitioners
- Loan forgiveness & Recruiting for retention
- Increase health care degree and residency capacity



#1: Improving professional licensure data quality and reporting across all workforce groups

Recommendation: There is not a standardized process for obtaining data that allow for universal counts of professionals and consistency of tallying process over time. Regulatory boards (for licensed, certified, and registered professionals) operate independently from one another without central management of information and funding for workforce assessments and projections is currently limited - there is no consensus about how to integrate data across professions.

- Craft regulation requiring a number of critical fields in each licensing database (e.g. “county of practice”, “practice address”, and “FTE”)
- Plan for potential Federal data requirements in the future
- Consider development of central workforce data repository

Potential Challenges:

- Funding for centralization (including initial validation efforts)
- Sources providing data may not fully appreciate the importance of participation and provision of timely and accurate information

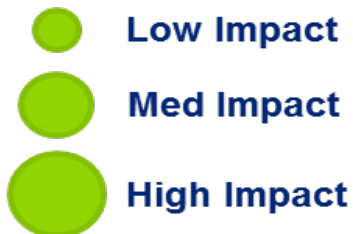
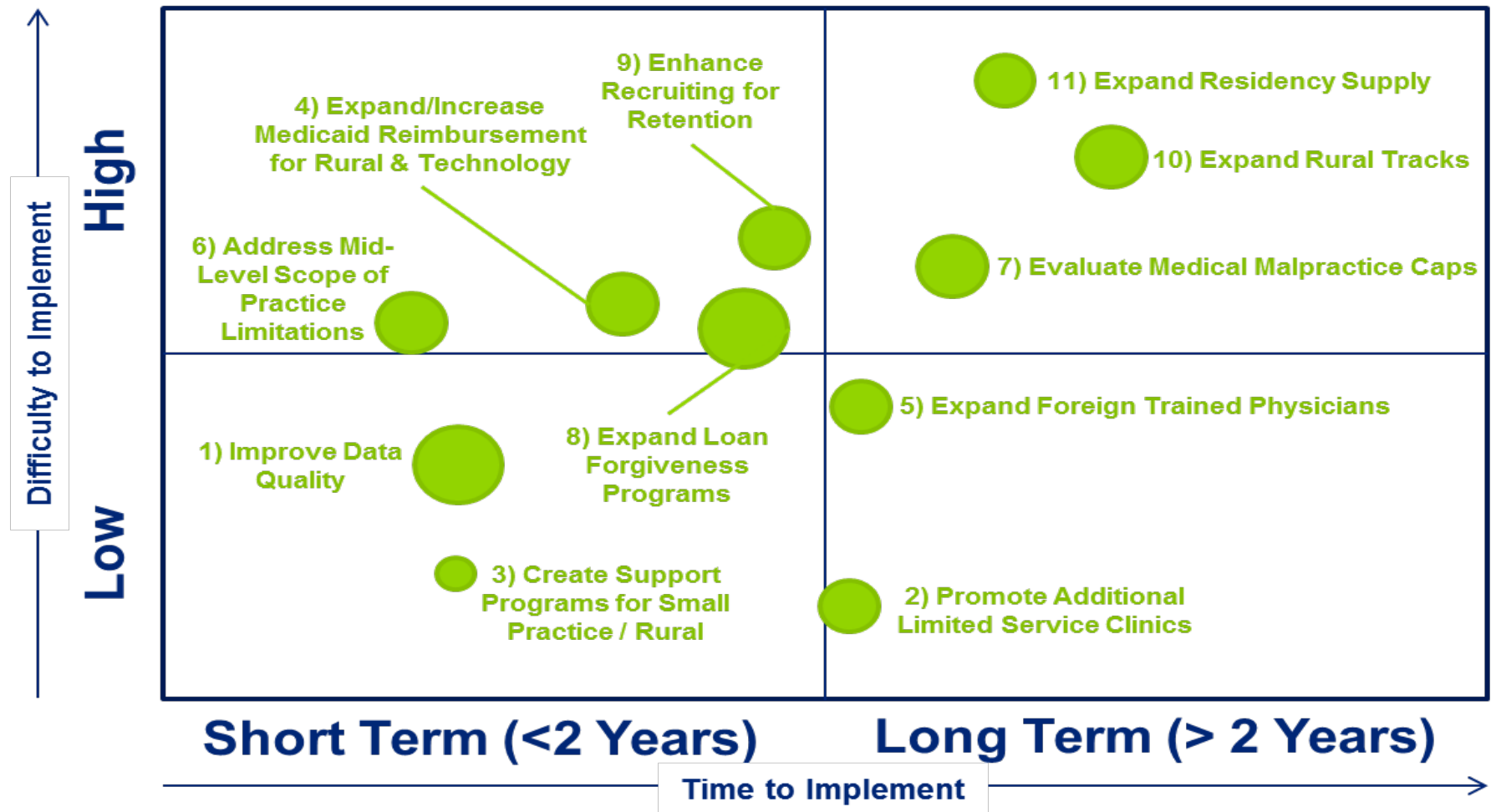
Expected Outcomes:

- Ability to quickly analyze healthcare workforce capacity
- More easily track progress on key workforce metrics
- Ability to create set of concrete KPIs
- Ability to more easily compare key provider groups (e.g. PCPs, dentists) to other databases such as Medicaid providers

Potential Next Steps:

- Craft regulation requiring handful of critical fields into each licensing database (e.g. county of practice)
- Plan for potential Federal data requirements
- Consider development of central workforce data repository

Sample Prioritization Matrix of Recommendations



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Recap: Deloitte Facility Capacity Study (December 2013)

The objective of the facility capacity analysis was to test whether existing healthcare facility supply could sustain the increase in demand created as a result of anticipated insurance coverage changes across the Commonwealth. The Cabinet selected 18 distinct facility types that are subject to Certificate of Need (CON) and state licensure for further exploration.

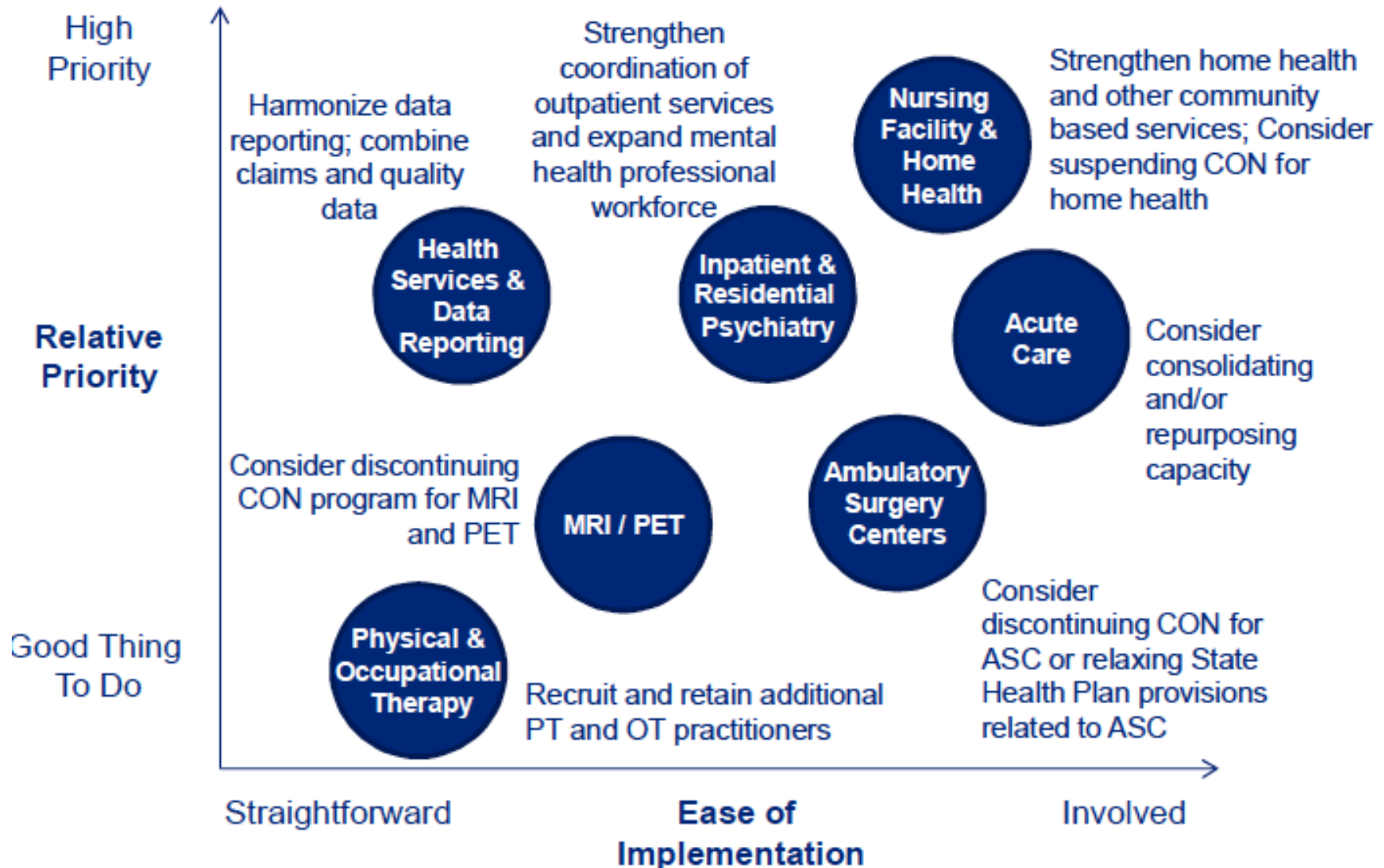
Figure 1: Healthcare Facilities Selected for Inclusion in Study

I. Acute Care	<ul style="list-style-type: none">a. Acute care bedsb. Comprehensive physical rehab bedsd. Special care neonatal bedse. Open heart surgery programsf. Organ transplant programs	Capacity and supply planning is driven by factors beyond CON, e.g. size of acute care center
II. Mental Health Care	<ul style="list-style-type: none">a. Psychiatric hospital bedsb. Psychiatric residential treatment facility (PRFT)	Functional overlap
III. Long-Term Care	<ul style="list-style-type: none">a. Nursing facility bedsb. Home health servicesc. Hospice servicesd. Residential hospice facilities	Opportunity to explore progressive care delivery with different overall mix of services
IV. Diagnostic and Therapeutic Equipment and Procedures	<ul style="list-style-type: none">a. Cardiac catheterization servicesb. Magnetic resonance imaging equipmentc. Megavoltage radiation equipmentd. Positron emission tomography equipment	
V. Miscellaneous Services	<ul style="list-style-type: none">a. Ambulatory surgical centersc. Chemical dependency treatment bedsd. Private duty nursing services (included in III.a)e. Physical and occupational therapy services	

Recap: Deloitte Facility Capacity Study-- Recommendations

- **Acute Care**
 - *Selection rationale:* Low occupancy and statewide excess capacity
 - *Next step for consideration:* Consider consolidating and/or repurposing acute care capacity
- **Nursing Facility and Home Health**
 - *Selection rationale:* Chronic capacity constraints in nursing facilities
 - *Next step for consideration:* Strengthen home health and other community based services to facilitate transition and reduce readmissions to facility-based care³ (e.g. through expansion of HCBS⁴ waiver programs or suspension / discontinuation of CON for home health agencies)
- **Inpatient and Residential Psychiatry**
 - *Selection rationale:* High utilization of inpatient psychiatric services compared to peers
 - *Next step for consideration:* Strengthen coordination of outpatient services and expand mental health professional workforce
- **Imaging – MRI and PET⁵**
 - *Selection rationale:* Excess capacity and market distortion through partial regulation
 - *Next step for consideration:* Consider discontinuing CON program for MRI and PET
- **Ambulatory Surgery Centers (ASCs)**
 - *Selection rationale:* Movement toward outpatient care will drive need for ASCs
 - *Next step for consideration:* Consider discontinuing CON for ASC or relaxing State Health Plan provisions related to ASC
- **Physical And Occupational Therapy**
 - *Selection rationale:* Enable transition of comprehensive rehab from inpatient to ambulatory
 - *Next step for consideration:* Recruit and retain additional PT and OT practitioners
- **Health Services Data Reporting**
 - *Selection rationale:* Consistency and comprehensiveness of health service data
 - *Next step for consideration:* Harmonize data reporting; combine claims and quality data

Recap: Deloitte Facility Capacity Study-- Recommendations



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Health Workforce Capacity & Strategic Planning State Activities and Initiatives

- Multisectoral effort to ensure accurate and timely data on workforce
- Multisectoral efforts to leverage resources
 - NGA Workforce Retreat with Cabinet for Health & Family Services, Economic Development Cabinet and additional stakeholders
 - Workgroups convened by Cabinet and Council for Postsecondary Education to challenge universities to fully engage in health workforce development
- Legislation recently signed to increase scope of practice for APRNs
- Health Homes (§2703 ACA) Planning Initiative
- Significantly expanded Medicaid behavioral health network
- Development of strategies to modernize telehealth and certificate of need regulations



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advancing our state of wellness

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- Governor Beshear announced February 20, 2014
- 7 Statewide Health Goals for next 5 years
 - Reduce Rate of Uninsured Individuals to < 5%
 - Reduce Smoking Rate by 10%
 - Reduce Obesity Rate by 10%
 - Reduce Cancer Deaths by 10%
 - Reduce Cardiovascular Deaths by 10%
 - Reduce % of Children with Untreated Dental Decay by 25% and Increase Adult Dental Visits by 10%
 - Reduce Deaths from Drug Overdose by 25% and Reduce the Average # of Poor Mental Days of Kentuckians by 25%

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- Building on the Affordable Care Act
 - Enrollment in QHPs and Medicaid
 - Capitalizing on Preventive Services and EHB
- Creating a Long-Term Investment in Kentucky's Future
 - Tackling the Major Drivers of Poor Health in Kentucky
 - Comprehensive Approach to Reduction in Uninsured, Tobacco Use and Obesity
- Health In All Policies
 - All of Government Represented in kyhealthnow
 - Multi-Stakeholder Engagement

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Representative Strategies: Tobacco

- Support for comprehensive state-wide smokefree legislation
- Support an increase in tobacco tax
- Regulation and taxation of e-cigarettes on par with other tobacco products
- Support legislation banning sale of e-cigarettes to minors
- Expansion of tobacco free policies to more executive branch property
- Challenge more school districts to adopt 100% tobacco free property policies
- Increase use of smoking cessation therapy by 50% in 5 years

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Representative Strategies: Obesity

- State employee plan coverage for Diabetes Prevention Program
- Work toward implementing healthier vending and concessions on executive branch property
- More than \$30 million in federal funds directed toward pedestrian and bike paths by end of 2015
- 10 New Trail Towns Certified by end of 2015
- School-based strategies such as support for BMI reporting and increased physical activity
- Engagement with the employer community through development of initiatives to honor and recognize employers supporting increased physical activity.

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Specific Workforce Strategies

- Increase the number of kynectors and insurance agents participating in kynect by 10% by the end of 2015.
- Partner with stakeholders to increase the number of dental practitioners in Kentucky by 25%.
- Increase by 50% the availability of substance use treatment for adolescents
- Increase substance use disorder residential and intensive outpatient treatment capacity by 50%.
- Partner with stakeholders to increase the number of credentialed substance use treatment professionals by 25%.
- Create a more comprehensive and open access behavioral health network and increase by 25% the number of behavioral health providers eligible to seek reimbursement from Medicaid by the end of 2015.

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Health Workforce: Draft Action Plan – Core Areas

Core Area 1: Data

Overview of Issue

Kentucky must base its health workforce strategies on accurate data. Although various health profession licensure boards currently collect some data, there is no standardization among them, either technology or core fields, nor is there any required or voluntary routine reporting of this data by the licensure boards to a central entity that can analyze trends and make projections. Per the recommendation of the recently commissioned Health Workforce Study (Deloitte Consulting, 2013), Kentucky will seek to harmonize the fields collected by health profession licensure boards and to obtain consistently updated data from those entities. Finally, Kentucky must synthesize licensure data with other sources, including health systems, educational systems, and employers.

Five-Year Vision

Kentucky has a regular reporting structure (at least annually) for core fields of health profession licensure data. This licensure data is analyzed in concert with data from health and educational systems and health-related employers

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Health Workforce: Draft Action Plan – Core Areas ***Core Area 2: Redesign of Health Workforce Planning***

Overview of Issue

Health workforce planning must adapt to the changing landscape of care delivery. Projections must be based on analytical models of care as it will be delivered in the future, rather than how it has been delivered in the past. Thus, Kentucky must work toward creating a health workforce plan that accurately captures and responds to ongoing changes in care models.

Five-Year Vision

Kentucky's health workforce plan relies on metrics that are widely accepted as best practices for forecasting health workforce needs in view of changing models of coverage and care delivery.

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Health Workforce: Draft Action Plan – Core Areas

Core Area 3: Pipeline

Overview of Issue

Kentucky must understand and project its health workforce needs in view of the pipeline of professionals, both existing and those in training. To do so will require close partnership with the educational system from K-12 and post-secondary education, along with partnership with the Commonwealth's Workforce Investment team, to develop strategies to ensure that the right professionals are being trained in view of projected needs and opportunities for employment. In essence, Kentucky needs to train, re-train, recruit and retain appropriate numbers of health professionals across all sectors.

Five-Year Vision

Kentucky's health workforce plan is directly aligned with the needs and projections of both the education and workforce investment sectors, leading to a seamless health delivery system that has the right care delivered in the right place at the right time.

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Health Workforce: Draft Action Plan – Core Areas ***Core Area 4: Policy Coordination***

Overview of Issue

Kentucky currently lacks a coordinated state-level health workforce plan. As a threshold question, Kentucky must determine where the state health workforce data gathering and analysis identified in Core Area # 1 will take place, as well as from where policy recommendations based on that data should be issued. The ultimate goal will be for Kentucky to develop a sustainable means to create and regularly update a state health workforce plan that is based on high-quality data and includes evidence-based policy analysis and recommendations.

Five-Year Vision

Kentucky has a coordinated state health workforce plan that includes timely, comprehensive data analysis and evidence-based policy recommendations to ensure that Kentucky's health workforce plan meets the needs of Kentuckians.

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Health Workforce: Meeting Goals

- Refresh stakeholder memories regarding Deloitte report & current knowledge/state of KY health workforce and health workforce planning
- Learn about best practices in other states; including utility of health workforce planning
- Learn about health systems transformation occurring in other states, and its implications for health workforce planning
- Present/share draft core areas/goals/strategies
- **Most Important: YOUR INPUT on Draft Action Plan –**
 - Are these goals and strategies the right ones?
 - What else should be included?
 - Are all the key players represented?
 - What is already ongoing?